

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			- - - 00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	AF		10-18-00

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)...	Canceled	A	Appeal
±	Restricted	O	Objected

Claim	Final	Original	Draft	View
1	✓	✓	✓	✓
2	✓	✓	✓	✓
3	✓	✓	✓	✓
4	✓	✓	✓	✓
5	✓	✓	✓	✓
6	✓	✓	✓	✓
7	✓	✓	✓	✓
8	✓	✓	✓	✓
9	✓	✓	✓	✓
10	✓	✓	✓	✓
11	✓	✓	✓	✓
12	✓	✓	✓	✓
13	✓	✓	✓	✓
14	✓	✓	✓	✓
15	✓	✓	✓	✓
16	✓	✓	✓	✓
17	✓	✓	✓	✓
18	✓	✓	✓	✓
19	✓	✓	✓	✓
20	✓	✓	✓	✓
21	✓	✓	✓	✓
22	✓	✓	✓	✓
23	✓	✓	✓	✓
24	✓	✓	✓	✓
25	✓	✓	✓	✓
26	✓	✓	✓	✓
27	✓	✓	✓	✓
28	✓	✓	✓	✓
29	✓	✓	✓	✓
30	✓	✓	✓	✓
31	✓	✓	✓	✓
32	✓	✓	✓	✓
33	✓	✓	✓	✓
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42	✓	✓	✓	✓
43	✓	✓	✓	✓
44	✓	✓	✓	✓
45	✓	✓	✓	✓
46	✓	✓	✓	✓
47	✓	✓	✓	✓
48	✓	✓	✓	✓
49	✓	✓	✓	✓
50	✓	✓	✓	✓

Claim	Date
Final Original	
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)